

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/19/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  44E445	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  R 06/18/2014
NAME OF PROVIDER OR SUPPLIER  BAPTIST HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 WILLIAMS FERRY RD LENOIR CITY, TN 37771		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 147} SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview during follow-up survey, it was determined the facility failed to install and maintain the building electrical wiring and equipment in accordance with National Electrical Code.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. Observation and interview with the Maintenance Director, on June 18, 2014 at 11:41 a.m. confirmed the wiring and cables were not left in a neat and workmanlike manner in the attic space about the "B" wing and "C" wing. (NFPA 70, 110-12).</li> <li>2. Observation and interview with the Maintenance Director, on April 21, 2014 at 12:17 p.m. confirmed that multiple wire splices were made outside of junction boxes in the attic space about the "B" wing and "C" wing. These findings were verified by the maintenance director and acknowledged by the facility administrator during exit conference on June 18, 2014.</li> </ol>	{K 147}	<p>Baptist Health Care Center does not agree that any deficiencies existed, including the alleged deficiencies that are the subject of the attached response. The facility does not admit the facts or the conclusions set out in any survey or statement of deficiencies, but makes this response in order to comply with state and federal law and as part of its commitment to quality care for residents. The facility is not waiving its rights to dispute any survey or deficiency, nor to raise any defenses, whether in an informal dispute resolution, a formal appeal, or any other legal or administrative proceeding. The facility does not admit that any actions taken in response to the notice of deficiencies constitute the applicable standard of care for long-term care providers. This plan of correction serves as the allegation of compliance and will be provided to the members of the QAPI team at next meeting.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <ol style="list-style-type: none"> <li>1) On June 24, 2014 the Administrator secured a contract with a new outside contractor to complete the wiring issues identified for "B" and "C" Wing by July 21, 2014. (See Attachment)</li> <li>2) Per new contract, contractor will assess and evaluate other areas in the facility attic space to determine scope of work needed in those areas to ensure wiring and cables are left in a neat and workmanlike manner. (See Attachment)</li> <li>3) Beginning August 1, 2014 the Maintenance Supervisor will check attic wiring monthly to ensure compliance with NFPA 70.</li> <li>4) Beginning August 1, 2014 the Maintenance Supervisor will report monitoring outcomes of the wiring to the quarterly QAPI committee. The Administrator will report to the Governing Body at its next meeting concerning the monitoring outcomes.</li> </ol>	7/21/14	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.